

Instructions for Filing 2005 Annual Report for
Hazardous Waste Recyclers

This report is due no later than March 1, 2006 and covers the calendar year 2005. Submit the report to:

Stephen White, Director
Commonwealth of Massachusetts
Department of Environmental Protection
Bureau of Waste Prevention/Business Reporting Services & Fiscal Operations
One Winter Street - 8th Floor
Boston, MA 02108

Do **not** send a copy to your DEP Regional Office.

If you are engaged in more than one recycling activity, please copy the enclosed reporting form and submit a separate report for each activity.

If you did not recycle in 2005, please complete and file an Annual Report indicating that the quantity recycled per year (# 7 on the reporting form) was zero for 2005.

If you no longer intend to recycle hazardous waste, please file the report, completing sections 1 through 5 of the report, indicating in section 5 that you are no longer recycling hazardous waste.

Guide to Reporting Form

* - **Top Right Hand Corner** - Provide the DEP Permit and/or Transmittal Number for the recycling activity that you are reporting.

1. - Provide the name of the company.
2. - Provide your MAD, MAV or MV number. If you have not received or do not have a valid number please call (617) 292-5633 or preferably send an e-mail to Michael.m.hurley@state.ma.us for more information.
3. - Provide the name and telephone number of the company contact person.
4. - Provide the mailing address.
5. - Describe the recycling activity (recycling of solvents, generator of Class A materials, etc.). For the following types of equipment, a recycling report is not required: Safety Kleen parts washers, degreasers, stills attached to degreasers, centrifuges and filters separating oil on-site, silver recovery units attached to developing machines, completely enclosed systems with no prior storage/accumulation.
6. - Provide the name and waste code of material recycled. (i.e. waste oil – MA01, ignitables – D001 and/or other applicable waste code information as found in 310 CMR 30.131 through 30.136)
7. - Indicate the amount recycled during the year using appropriate units (pounds/ kilograms/ gallons/ liters).
8. - Provide the address where recycling occurs (if different from the mailing address in item #4).
9. - If applicable, indicate to whom regulated recyclable materials are sent.
10. - Certification- Sign and date the form!
11. - SEND CERTIFIED MAIL- RETURN RECEIPT REQUESTED

**COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE PREVENTION/ BUSINESS COMPLIANCE DIVISION
One Winter Street, Boston, MA 02108**

Permit No. _____
Transmittal No. _____

2005 Annual Report For Hazardous Waste Recyclers

- 1 - COMPANY NAME _____
- 2 - EPA IDENTIFICATION NUMBER **M** _____
- 3 - CONTACT PERSON _____ TELEPHONE _____
- 4 - MAILING ADDRESS
- _____
- Street City Zip
- 5 - DESCRIPTION OF RECYCLING ACTIVITY (Where applicable, include the make & type of equipment.)
- _____
- _____
- 6 - NAME OF MATERIAL RECYCLED _____ WASTE CODE _____
- 7 - QUANTITY RECYCLED IN YEAR 2005 _____ (P = pounds, K = kilograms, G = gallons, L = liters)
- 8 - ADDRESS WHERE RECYCLING OCCURS (if different from item #4)
- _____
- Street City Zip
- 9 - NAME OF RECEIVING FACILITY (if recyclable material is shipped off-site)
- _____
- Receiving Facility EPA ID #

10 - CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in the document and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. In addition, I understand that any material supplied with this report will not be considered confidential unless I have specifically requested that such material be kept confidential and the Department has made a determination of confidentiality in accordance with 310 CMR 3.000 - Regulations Governing Access for and Confidentiality of Department Records and Files.

Authorized Signature of Owner/Operator

Date

Print Name

Title